



## UTAH HOUSE OF REPRESENTATIVES

### CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. **Name:** Douglas Sagers

2. **Employment**

<b>Primary employer</b> Mountain West Medical Center	<b>Brief description of employment</b> Physician Recruitment, Clinic Operations, Marketing, Physician Relations, Volunteer Programs	<b>Occupation or job title</b> Director of Business Development, Physician Relations
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3. **Entities which you own or of which you are an officer**

[see 2010 Gen. Session, HB 270, pg 13 - (iv)]

<b>Name of entity</b> N/A	<b>Type of activity conducted by the entity</b> N/A	<b>Your position / interest in the entity</b> N/A
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4. **Each entity that has paid \$5,000 in income to you within the one-year period prior to the date of this form. [see 2010 Gen. Session, HB 270, pg 13. - (v)]**

<b>Name of entity</b> Mountain West Medical Center	<b>Type of activity conducted by the entity</b> Hospital
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5. **Each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this form (does not include funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). [see 2010 Gen. Session, HB 270, pg 13 - (vi)]**

<b>Name of entity</b> N/A	<b>Type of activity conducted by the entity</b> N/A
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6. **Organization or entity, other than listed above, for which you serve on the board of**

directors or in any other formal advisory capacity. [see 2010 Gen. Session, HB 270, pg 13 - (vii)]

<b>Name of entity</b> N/A	<b>Type of activity conducted by the entity</b> N/A	<b>Your position / interest in the entity</b> N/A
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7. **Real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest. (optional)** [see 2010 Gen. Session, HB 270, pg 13 - (viii)]

<b>Description of real property</b> N/A	<b>Description of interest held</b> N/A
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8. **Name of spouse and any other adult residing in your household that is not related by blood or marriage.** [see 2010 Gen. Session, HB 270, pg 13 - (ix)]

Kari Sagers

9. **Information for your spouse and any other adult residing in your household that is not related to you by blood or marriage, as applicable.** [see 2010 Gen. Session, HB 270, pg 14 - (x)]

<b>Name</b> Kari Sagers	<b>Brief description of employment</b> Tooele County Director Emergency Management	<b>Occupation</b> Emergency Manager
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10. **Any other matter or interest you believe may constitute a conflict of interest. (optional)**

N/A
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**I certify that I believe the information provided in this form is true and accurate to the best of my knowledge.**

s/Douglas Sagers  
(Signature)

1-24-11  
(Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney  
(Signature)

1-24-11  
(Date)